

5850

Notification/Change in Status for Underground Storage Tanks



Minnesota Pollution Control Agency
 Hazardous Waste Division Tanks and Spills Section
 520 Lafayette Road North St. Paul, MN 55155
 (612) 297-8664 or 1-800-657-3864

for office use:
 Site #: _____
 Leak #: _____
 Owner #: _____
 Date received: _____

A. Facility Information

1. Tank Site Location

Name Crosby Cidgo
 Street 29 W. Main
 City Crosby County Crow Wing
 State Mn Zip 56441 Phone (218) 546-5902
 Contact Person _____

2. Owner Location

Name Brian Pribyl
 Street 808 Birch St.
 City Crosby County Crow Wing
 State Mn Zip 56441 Phone (218) 546-5792
 Contact Person Brian Pribyl

3. Type of Facility Please check applicable box.

Service station Government Education Industry/factory
 Church Auto dealer Utility Other (specify): Convenience Store

4. Is tank facility located on Tribal Lands? yes no

B. Tank Number

Type or use black ink and complete as well as possible. Please photocopy form if site has more than three tanks.

1. Assign a 3 digit number to each tank (ie. 001, 002...)

TANK 1	TANK 2	TANK 3
001	002	004

2. Tank installation date:

5/01/86	5/01/86	12/75
mo/dayr	mo/dayr	mo/dayr

C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changed site name/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
<i>(please give previous name/address in Box H)</i>				
Changed tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
<i>(please give previous owner's name and address in Box H)</i>				
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Installed new tanks & piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new tank(s) at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3/15/96</u>
Repaired/upgraded tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
<i>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</i>				
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
<i>(please complete Box F and explain actions in Box H)</i>				
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Name of tank disposal company. _____				
Hazardous waste generator ID #. _____				
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5/15/93</u>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1/1</u>
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

D. Tank Information continued

	TANK 1	TANK 2	TANK 3
2. Secondary Containment.			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
4. Does tank have spill prevention equipment?			
	<input checked="" type="checkbox"/> yes	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
5. Overfill Prevention Equipment			
Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible alarm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the tank compartmental?			
	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes
<i>If answered "yes" to #6, please proceed to Box E</i>			
7. Capacity (in gallons):			
	<u>14000</u>	<u>8000</u>	<u>2000</u>
8. Substance currently or last stored:			
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(specify chemical and tank # in Box H)</i>			
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is product stored in tank used only for heating?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Tank Information

Please check applicable boxes.

1. Type of Tank:	TANK 1	TANK 2	TANK 3
STIP3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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for office use	
Site #:	
Leak #:	
Owner #:	
Date received:	

A. Facility Information

1. Tank Site Location				2. Owner Location			
Name				Name			
Street				Street			
City		County		City		County	
State		Zip		State		Zip	
Phone ()				Phone ()			
Contact Person				Contact Person			
3. Type of Facility Please check applicable box.							
Service station <input type="checkbox"/>		Government <input type="checkbox"/>		Education <input type="checkbox"/>		Industry/factory <input type="checkbox"/>	
Church <input type="checkbox"/>		Auto dealer <input type="checkbox"/>		Utility <input type="checkbox"/>		Other (specify): _____	
4. Is tank facility located on Tribal Lands? <input type="checkbox"/> yes <input type="checkbox"/> no							

B. Tank Number

Type or use black ink and complete as well as possible. Please photocopy form if site has more than three tanks.

1. Assign a 3 digit number to each tank (i.e. 001, 002...)

TANK 1	TANK 2	TANK 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Tank installation date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
mo/dayr	mo/dayr	mo/dayr

C. Tank Action

Please check applicable boxes. --

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changed site name/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please give previous name/address in Box H)</i>				
Changed tank owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please give previous owner's name and address in Box H)</i>				
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Installed new tanks & piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new tank(s) at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Repaired/upgraded tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(complete D3, D4, D5 and Box G if pertains and explain actions in Box H)</i>				
Repaired/upgraded piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>(please complete Box F and explain actions in Box H)</i>				
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Name of tank disposal company: _____				
Hazardous waste generator ID #: _____				
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

D. Tank Information continued

	TANK 1	TANK 2	TANK 3
2. Secondary Containment:			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
4. Does tank have spill prevention equipment?			
	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Overfill Prevention Equipment			
Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the tank compartmental?			
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>If answered "yes" to #6, please proceed to Box E</i>			
7. Capacity (in gallons)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Substance currently or last stored			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(specify chemical and tank # in Box H)</i>			
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is product stored in tank used only for heating?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Tank Information

Please check applicable boxes

1. Type of Tank:

	TANK 1	TANK 2	TANK 3
STIP3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. FOR COMPARTMENTAL TANKS ONLY

	TANK 1	TANK 2	TANK 3
1. Compartment Capacity			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Compartment Product:			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Is product stored in tank used only for heating?			
compartment 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

F. Piping Please check all applicable boxes

	TANK 1	TANK 2	TANK 3
1. Construction Material:			
Epoxy coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Secondary Containment			
Double wall	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If certified by corrosion expert, write name and PE or certification # in Box H			
4. Type of Pump:			
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check valve located at:	<input type="checkbox"/> tank	<input type="checkbox"/> dispenser	
Submersible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Release Detection Please check all applicable boxes

	TANK 1	TANK 2	TANK 3
1. Tanks:			
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1a. For newly installed tanks only			
Was a tank precision test conducted prior to placing the system into operation? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, date test was conducted: ___/___/___			
2. Piping:			
Automatic line leak detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Line precision test annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test every three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. For newly installed piping only			
Was a line precision test conducted prior to placing the system into operation? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			
If yes, date test was conducted: ___/___/___			

H. Comments (attach additional sheets if necessary)

- installed double-wall flex pipe
march 1996 by Robbes

- Stan K. was here 10/27, 1997
to make changes on form

- Tank 004 is 2,000 gal
filled with cement by
Independent Peto, summer
of 1993.

Questions?
Call
(612) 297-8664
or
1-800-657-3864
during normal
business hours

I. Owner's Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge. For tank work performed after July 9, 1990, I certify that the tank contractor was in compliance with the certification requirements of Munn. Rules ch. 7105. All work completed after Dec. 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations

Brian Pichyl Owner
Print name of owner or authorized representative Title
Brian Pichyl 10/27/97
Signature of owner or authorized representative Date

J. Tank Contractor's Signature

I certify under penalty of law that all work was performed as specified by the manufacturers' instructions, and according to industry standards, applicable state and federal regulations and is complete to the best of my knowledge. I certify that I am in compliance with Munn Rules ch 7105, for work completed after July 9, 1990.

Print name of tank contractor MPCA Contractor #

Print name of contractor's authorized representative Title

Signature of tank contractor's representative Date

Print name of supervisor on site during tank work MPCA Supervisor #

Unsigned forms will be returned

Please retain a copy for your own records